## HA AII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM)

FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN. USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and

NAME (Last, First, Middle)

STATE POSITION-HELD: (Dept/Div or Board/Commission)

an 16,2006 l

TERM OF OFFICE (Begin/End):

DC,JT OF SHARES	- SP DC	during the preceding calendar year, for services			
ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES ist the amount and identity of every ownership or beneficial interest held during the disclosure period in any business in or outside the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business.  F.SP. DC.JT  BUSINESS NAME AND ADDRESS  NATURE OF BUSINESS  NATURE OF INTEREST  VALUE OR N OF SHARES  Threston  Threston  B  WAN  Compared to the content of the ownership of the business.  VALUE OR N OF SHARES  Threston  Threston  B  Compared to the ownership of the business.  VALUE OR N OF SHARES  Threston  Threston  B  Compared to the ownership of the business.  VALUE OR N OF SHARES  Threston  Threston  B  Compared to the ownership of the business.  VALUE OR N OF SHARES  Threston  Threston  B  Compared to the ownership of the business.  VALUE OR N OF SHARES  Threston  Threston  B  Compared to the ownership of the business.  VALUE OR N OF SHARES  Threston  Threston  B  Compared to the ownership of the business.  Threston  Thres	,				
	st the an	ITEM 2: OWNERSHIP OF mount and identity of every ownership or benefit the interest has a value of \$5,000 or more or	R BENEFICIAL INTERES' icial interest held during the dis equal to 10% or more of the	TS IN BUSINESSES disclosure period in any busine ownership of the business.	ess in or outside o
(VChack hare if entry is None	)C,JT	NA Smith Banney llutual Funds USAA Clarey Clarket	Investment Investment	Investor	
A loneck nere in additional sheets are attached	to	;			

## ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTER OTS IN BUSINESSES

List any ownership or beneficial interests in businesses transferred during the disclosure period and the date of transfer. OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE F.SP. DC,JT **PERIOD TRANSFER** [X]Check here if entry is None [ ]Check here if additional sheets are attached **ITEM 4: CREDITORS** List the name of each creditor to whom the value of \$3,000 or more was owed during the disclosure period and the original amount and amount outstanding. Exclude debts from retail installment transactions for the purchase of consumer goods. F.SP. NAME OF CREDITOR ORIGINAL AMOUNT **AMOUNT** DC,JT **OUTSTANDING** Territorial Savings Bank Montgage # 01-09144170 ]Check here if entry is None [ ]Check here if additional sheets are attached ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS List every officership, directorship, trusteeship, or other fiduciary relationship held during the disclosure period in any business or organization, the term of office, and the annual compensation. F.SP. NAME AND ADDRESS OF BUSINESS TITLE HELD **TERM OF OFFICE** ANNUAL DC.JT COMPENSATION Kailua Racquet Club Board of Nov 2003- white Directors Nov 2003- white Hawaii Ocean Safety Board of Since approx None Team Johnsons 1998 [ ]Check here if entry is None [ ]Check here if additional sheets are attached

List interes	ITEM 6: INTERESTS IN EAL PROPERTY sts in real property in or outside of the State held during	the disclosure period, if the interest	t has a value of \$10,000 or more
Real prope	erty that is your personal residence or the personal res	idence of your spouse or dependent	children need not be listed.
F,SP, DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER (IF MAP KEY NUMBER EXISTS	TAX VALUE
			·
[X]Chec	k here if entry is None		additional sheets are attached
l ist interes	ITEM 7: INTERESTS IN REAL PROPERTY AC sts in real property in or outside of the State acquired d	QUIRED, EXCLUDING PERSON	IAL RESIDENCE(S)
more. Realisted.	al property that is your personal residence or the perso	nal residence of your spouse or depo	endent children need not be
F,SP, DC,JT	STREET ADDRESS AND TAX MAP KEY NUMBER (I TAX MAP KEY NUMBER EXISTS)	F AMOUNT & NATURE OF CONSIDERATION PAID	NAME OF PERSON RECEIVING THE
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11601			
	k here if entry is None EM 8: INTERESTS IN REAL PROPERTY TRAN		additional sheets are attached
List interes	sts in real property in or outside of the State transferred	during the disclosure period, if the in	nterest has a value of \$10 000
or more. F listed.	Real property that was your personal residence or the p	ersonal residence of your spouse or	dependent children need not be
F,SP, DC,JT	STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	AMOUNT & NATURE OF CONSIDERATION RECEIVED	NAME OF PERSON FURNISHING THE CONSIDERATION
	1	1	!

[X]Check here if entry is None

[ ]Check here if additional sheets are attached

## ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE PATE AGENCIES

List the names of clients personally represented by you before state agencies, except in ministerial matters, for a fee or compensation during the disclosure period, excluding clients represented before courts.

NAME OF CLIENT	NAME OF STATE AGENCY	
Check here if entry is None [ ]Check here if additional		

## ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES

List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period, if the interest has a value of \$5,000 or more.

F,SP,DC,JT	NAME AND ADDRESS OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE
			STATE OF HAWAII STATE ETHICS COMMISSION	

Check here if entry is None

[ ]Check here if additional sheets are attached

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.

SIGNATURE

Sept 5, 2004

DATE